**BSRBR-RA**
**Arthritis Research UK**
**Centre for Epidemiology**

The University of Manchester
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40 Pencroft Way
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Manchester
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British Society for Rheumatology
Rheumatoid Arthritis Register

ID

*For office use only*

Follow-up No.

**Patient 6 monthly follow-up questionnaire**

**Thank you for taking the time to fill in this questionnaire!**
**(please complete the form in capital letters!)**

Please consider the following time period when completing the questionnaire

From: To:

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Medical Problems:

1. How many times have you been ADMITTED to hospital in the last six months?
(See above for the dates we are interested in)
**(Please tick one box)**

None ☐
One ☐
Two ☐
More than two ☐

2. How many NEW DRUGS have you been prescribed in the last six months?
(by your GP or the hospital)

None ☐
One ☐
Two ☐
More than two ☐

3. How many NEW hospital clinics have you been REFERRED to in the last six months?

None ☐
One ☐
Two ☐
More than two ☐

*Please remember to return your old "diary" to us when you return this questionnaire in the prepaid envelope provided!*

Physical Ability:

Please tick the one response which best describes your usual abilities over the **past week**

| | Without ANY difficulty | With SOME difficulty | With MUCH difficulty | UNABLE to do | |
|---|---|---|---|---|---|
| **1. DRESSING and GROOMING** | | | | | |
| Are you able to: | | | | | |
| a. Dress yourself, including tying shoelaces and doing buttons? | ☐ | ☐ | ☐ | ☐ | ------- |
| b. Shampoo your hair? | ☐ | ☐ | ☐ | ☐ | |
| **2. RISING** | | | | | |
| Are you able to: | | | | | |
| a. Stand up from an armless straight chair? | ☐ | ☐ | ☐ | ☐ | ------- |
| b. Get in and out of bed? | ☐ | ☐ | ☐ | ☐ | |
| **3. EATING** | | | | | |
| Are you able to: | | | | | |
| a. Cut your meat? | ☐ | ☐ | ☐ | ☐ | ------- |
| b. Lift a full cup or glass to your mouth? | ☐ | ☐ | ☐ | ☐ | |
| c. Open a new carton of milk (or soap powder)? | ☐ | ☐ | ☐ | ☐ | |
| **4. WALKING** | | | | | |
| Are you able to: | | | | | |
| a. Walk outdoors on flat ground? | ☐ | ☐ | ☐ | ☐ | ------ |
| b. Climb up five steps? | ☐ | ☐ | ☐ | ☐ | |

**PLEASE TICK ANY AIDS OR DEVICES THAT YOU USUALLY USE FOR ANY OF THESE ACTIVITIES:**

Cane (W) ☐ Walking frame(W) ☐ Built-up or special utensils (E) ☐

Crutches (W) ☐ Wheelchair (W) ☐ Special or built-up chair (A) ☐

Devices used for dressing (button hooks, zipper pull, shoe horn) ☐

Other (specify)_____

**PLEASE TICK ANY CATEGORIES FOR WHICH YOU USUALLY NEED HELP FROM ANOTHER PERSON:**

Dressing and Grooming ☐ Eating ☐

Rising ☐ Walking ☐

Please tick the one response which best describes your usual abilities over the **past week**

| | Without ANY difficulty | With SOME difficulty | With MUCH difficulty | UNABLE to do | |
|---|---|---|---|---|---|
| **5. HYGIENE** | | | | | |
| Are you able to: | | | | | |
| a. Wash and dry your entire body? | ☐ | ☐ | ☐ | ☐ | _____ |
| b. Take a bath? | ☐ | ☐ | ☐ | ☐ | |
| c. Get on and off the toilet? | ☐ | ☐ | ☐ | ☐ | |
| **6. REACH** | | | | | |
| Are you able to: | | | | | |
| a. Reach and get down a 5 lb object (e.g. a bag of potatoes) from just above your head? | ☐ | ☐ | ☐ | ☐ | _____ |
| b. Bend down to pick up clothing off the floor? | ☐ | ☐ | ☐ | ☐ | |
| **7. GRIP** | | | | | |
| Are you able to: | | | | | |
| a. Open car doors? | ☐ | ☐ | ☐ | ☐ | _____ |
| b. Open jars which have been previously opened? | ☐ | ☐ | ☐ | ☐ | |
| c. Turn taps on and off? | ☐ | ☐ | ☐ | ☐ | |
| **8. ACTIVITIES** | | | | | |
| Are you able to: | | | | | |
| a. Run errands and shop? | ☐ | ☐ | ☐ | ☐ | _____ |
| b. Get in and out of a car? | ☐ | ☐ | ☐ | ☐ | |
| c. Do chores such as vacuuming, housework or light gardening? | ☐ | ☐ | ☐ | ☐ | |

**PLEASE TICK ANY AIDS OR DEVICES THAT YOU USUALLY USE FOR ANY OF THESE ACTIVITIES:**

Raised toilet seat(H) ☐ Bath seat (H) ☐ Bath rail (H) ☐

Long handled appliances for reach (R) ☐

Jar opener (for jars previously opened) (G) ☐

Other (specify)_____

**PLEASE TICK ANY CATEGORIES FOR WHICH YOU USUALLY NEED HELP FROM ANOTHER PERSON:**

Hygiene ☐ Gripping and opening things ☐

Reach ☐ Errands and housework ☐

## Generic Health Utility Index – EuroQol

*For each of the five activities below please indicate which statements best describe your own health*

1. Mobility *(Please tick **one** box)*

- -I have no problems in walking ◯
- -I have some problems in walking ◯
- -I am confined to bed ◯

2. Self Care *(Please tick **one** box)*

- -I have no problems with self care ◯
- -I have some problems washing or dressing ◯
- -I am unable to wash or dress ◯

3. Usual Activities *(Please tick **one** box)*

- -I have no problems performing my usual activities (e.g. work, study, housework, family/leisure activities) ◯
- -I have some problems performing my usual activities ◯
- -I am unable to perform my usual activities ◯

4. Pain/Discomfort *(Please tick **one** box)*

- -I have no pain or discomfort ◯
- -I have moderate pain or discomfort ◯
- -I have extreme pain or discomfort ◯

5. Anxiety/Depression *(Please tick **one** box)*

- -I am not anxious or depressed ◯
- -I am moderately anxious or depressed ◯
- -I am extremely anxious or depressed ◯

Compared with my general level of health over the past 12 months, my health state today is:

*(Please tick **one** box)*

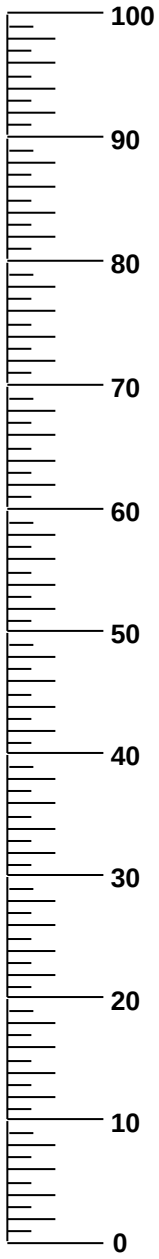
- Better ◯
- Much the same ◯
- Worse ◯

**Best Imaginable Health State**

**We would like you to indicate on this scale how good or bad is your health today, in your opinion.**

Please do this by drawing a line from the box below to whichever point on the scale indicates how **good or bad your current state is.**

How do you feel today?




**Worst Imaginable Health**

**Do you CURRENTLY smoke more than one cigarette a day?** Yes ☐ 1 No ☐ 0

**If YES, how many cigarettes do you smoke each day?** ☐☐☐ cigarettes/day

**Do you CURRENTLY use any of the following tobacco or nicotine products?** **(tick all that apply)**

- ☐ Cigars
- ☐ Pipe
- ☐ E-cigarette
- ☐ None of the above

## Work Disability Questions

**Please tick the box that best describes you**:

☐ Working full-time or part-time for pay

☐ Working full-time or part-time for pay, but temporarily on sick leave

☐ Unable to work due to disability ("work disability")

→ reason for work disability: _____

→ start date of work disability: _____ (dd) / _____ (mm) / _____ (year)

☐ Retired early due to arthritis

→ date of early retirement: _____ (dd) / _____ (mm) / _____ (year)

☐ Working full-time in the home (homemaker)

☐ Unemployed but seeking work

☐ Retired early not due to arthritis

☐ Retired because of age

☐ Student

☐ Other, please describe: ☐

***Please complete this section if you have paid work (including working in the home). Please also complete if you are currently on sick leave:***

- What is your **current occupation** (please also complete if you are currently on long term sick leave):

☐

- Are you on **sick leave** at this time?

☐ Yes - Date sick leave started: _____ (dd) / _____ (mm) / _____ (year)

☐ No

- How many **hours** per week do you have to work according to your contract?

_____ hours per week

- Over how many **days** are these hours distributed?

_____days per week

- How many days in the last month have you missed work because of your arthritis?
(If none, please write '0'). _____days

- How many days in the last month was your **productivity at work reduced by half or more** because of your arthritis?
(please don't include any days noted in the question above; if none please write '0') _____ days

- In the last month, how much has arthritis **interfered with your work productivity** (paid work) on a scale of 1-10, where 0=no interference and 10=complete interference: ☐

- In the last 6 months, did you need to **change your occupation** or has your working environment been changed because of your arthritis?

☐ No

☐ Yes - please describe these changes below →

What year did these changes take place? _____

**Your signature:** ☐ **Today's date:** d d m m y y y y

Thank you for taking the time to complete this questionnaire!

Please now return it with your "diary" for the last six months in the envelope provided

During your participation in the study, it is important that we keep in touch with you. If you have a **change of address** during this time please contact the BSRBR-RA offices on 0161 275 1652/7390 to notify us.

**For further information please contact:** Biologics.register@manchester.ac.uk
0161 275 1652/7390

**Please return to:**

**BSRBR-RA**
Unit 4 Rutherford House
40 Pencroft Way
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Manchester
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